

67

USAF AEROSTAT SITE (TARS)
PO BOX 845
MARFA, TX 79843
ATTN: MELINO NAVARIZ




**ACKNOWLEDGMENT OF RCRA SUBTITLE C
SITE IDENTIFICATION FORM**

This is to acknowledge that you have filed a RCRA Subtitle C Site Identification Form for the facility located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that facility appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and on other hazardous waste management reports and documents required under Subtitle C of RCRA. A Subsequent RCRA Subtitle C Site Identification Form is required should any information on the original document change.

EPA I.D. Number: TXD988061008

Facility Name and Address: USAF AEROSTAT SITE (TARS)
21 M W OF MARFA ON US HWY 90
MARFA, TX 79843

March 10, 2009

| | | | | | | | | | | | |
|---|--|--|---|---|---|---|---|--|--|--|--|
| SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office. | United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM | |  | | | | | | | | |
| 1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY | Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report | | | | | | | | | | |
| 2. Site EPA ID Number (page 14) | EPA ID Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> T X D 9 8 8 0 6 1 0 0 8 </div> | | | | | | | | | | |
| 3. Site Name (page 14) | Name: US Air Force Aerostat Site (TARS) | | | | | | | | | | |
| 4. Site Location Information (page 14) | Street Address: 21 Miles West of Marfa, US Highway 90 <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City, Town, or Village: Marfa</td> <td style="border: none;">State: TX</td> </tr> <tr> <td style="border: none;">County Name: Presidio</td> <td style="border: none;">Zip Code: 79843</td> </tr> </table> | | | City, Town, or Village: Marfa | State: TX | County Name: Presidio | Zip Code: 79843 | | | | |
| City, Town, or Village: Marfa | State: TX | | | | | | | | | | |
| County Name: Presidio | Zip Code: 79843 | | | | | | | | | | |
| 5. Site Land Type (page 14) | Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other | | | | | | | | | | |
| 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) | <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"> A. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5 1 7 9 1 0 </div> </td> <td style="border: none; width: 50%;"> B. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> <tr> <td style="border: none;"> C. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> <td style="border: none;"> D. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> </table> | | | A. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5 1 7 9 1 0 </div> | B. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | C. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | D. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | | | | |
| A. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5 1 7 9 1 0 </div> | B. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | | | | | | | | | | |
| C. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | D. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | | | | | | | | | | |
| 7. Site Mailing Address (page 15) | Street or P. O. Box: P.O. Box 845 City, Town, or Village: Marfa State: TX Country: United States Zip Code: 79843 | | | | | | | | | | |
| 8. Site Contact Person (page 15) | <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 40%;"> First Name: Melino </td> <td style="border: none; width: 10%;"> MI: </td> <td style="border: none; width: 50%;"> Last Name: Navariz </td> </tr> <tr> <td colspan="2" style="border: none;"> Phone Number: (432) 358-4474 Extension: </td> <td style="border: none;"> Email address: melino.navariz@itt.com </td> </tr> </table> | | | First Name: Melino | MI: | Last Name: Navariz | Phone Number: (432) 358-4474 Extension: | | Email address: melino.navariz@itt.com | | |
| First Name: Melino | MI: | Last Name: Navariz | | | | | | | | | |
| Phone Number: (432) 358-4474 Extension: | | Email address: melino.navariz@itt.com | | | | | | | | | |
| 9. Operator and Legal Owner of the Site (pages 15 and 16) | <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;"> A. Name of Site's Operator: ITT </td> <td style="border: none; width: 40%;"> Date Became Operator (mm/dd/yyyy): 10/01/2008 </td> </tr> <tr> <td colspan="2" style="border: none;"> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other </td> </tr> <tr> <td style="border: none;"> B. Name of Site's Legal Owner: United States Air Force </td> <td style="border: none;"> Date Became Owner (mm/dd/yyyy): 12/01/1994 </td> </tr> <tr> <td colspan="2" style="border: none;"> Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other </td> </tr> </table> | | | A. Name of Site's Operator: ITT | Date Became Operator (mm/dd/yyyy): 10/01/2008 | Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | B. Name of Site's Legal Owner: United States Air Force | Date Became Owner (mm/dd/yyyy): 12/01/1994 | Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | |
| A. Name of Site's Operator: ITT | Date Became Operator (mm/dd/yyyy): 10/01/2008 | | | | | | | | | | |
| Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | | | | | | | | | | |
| B. Name of Site's Legal Owner: United States Air Force | Date Became Owner (mm/dd/yyyy): 12/01/1994 | | | | | | | | | | |
| Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | | | | | | | | | | |

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 REGISTRATION & REPORTING

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| 9. Legal Owner (Continued) Address | Street or P. O. Box: 11817 Canon Blvd, Suite 306 | |
| | City, Town, or Village: Newport News | |
| | State: VA | |
| | Country: United States | Zip Code: 23606-1988 |

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note: A
hazardous waste permit is required for this
activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark each that applies.☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and RefiningY ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
mark all boxes that apply:

Manage

a. Batteries ☐b. Pesticides ☐c. Mercury containing equipment ☐d. Lamps ☐e. Other (specify) _____ ☐f. Other (specify) _____ ☐g. Other (specify) _____ ☐Y ☐ N ☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.☐ a. Transporter☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.☐ a. Processor☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

| | | | | | | |
|------|------|------|------|------|------|------|
| D007 | D008 | F002 | F003 | F005 | U080 | U159 |
| U161 | U220 | U239 | | | | |
| | | | | | | |

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

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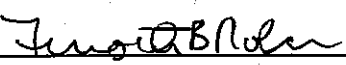
12. Comments (See instructions on page 21.)


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13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11).

(See instructions on page 21.)

| Signature of operator, owner, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|--|--------------------------|
|  | Timothy B. Nolan, TARS Quality Assurance Manager | 09/22/2008 |
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|---|---|---|---|
| SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office. | United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM | |  |
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| 2. Site EPA ID Number (page 14) | EPA ID Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> T X D 9 8 8 0 6 1 0 0 8 </div> | | |
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| | C. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div> | D. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div> | |
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| | City, Town, or Village: Marfa | | |
| | State: TX | | |
| | Country: United States | Zip Code: 79843 | |
| 8. Site Contact Person (page 15) | First Name: Melino | MI: | Last Name: Navariz |
| | Phone Number: (432) 358-4474 Extension: | | Email address: melino.navariz@itt.com |
| 9. Operator and Legal Owner of the Site (pages 15 and 16) | A. Name of Site's Operator: ITT | | Date Became Operator (mm/dd/yyyy): 10/01/2008 |
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| | B. Name of Site's Legal Owner: United States Air Force | | Date Became Owner (mm/dd/yyyy): 12/01/1994 |
| | Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |

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BB
IAD-870012

| | | |
|--|--|----------------------|
| 9. Legal Owner (Continued) Address | Street or P. O. Box: 11817 Canon Blvd, Suite 306 | |
| | City, Town, or Village: Newport News | |
| | State: VA | |
| | Country: United States | Zip Code: 23606-1988 |

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

☒ ☐ 1. Generator of Hazardous Waste
If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

☐ ☒ d. United States Importer of Hazardous Waste

☐ ☒ e. Mixed Waste (hazardous and radioactive) Generator

☐ ☒ 2. Transporter of Hazardous Waste

☐ ☒ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.

☐ ☒ 4. Recycler of Hazardous Waste (at your site)

☐ ☒ 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner Exemption

☐ b. Smelting, Melting, and Refining

☐ ☒ 6. Underground Injection Control

B. Universal Waste Activities

☐ ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste that apply:

| | Manage |
|---------------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> |
| c. Mercury containing equipment | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> |
| e. Other (specify) _____ | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> |

☐ ☒ 2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

☐ ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.

☐ a. Transporter

☐ b. Transfer Facility

☐ ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.

☐ a. Processor

☐ b. Re-refiner

☐ ☒ 3. Off-Specification Used Oil Burner

☐ ☒ 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

| | | | | | | |
|------|------|------|------|------|------|------|
| D007 | D008 | F002 | F003 | F005 | U080 | U159 |
| U161 | U220 | U239 | | | | |
| | | | | | | |

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.


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12. Comments (See instructions on page 21.)

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13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

| Signature of operator, owner, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|--|--------------------------|
|  | Timothy B. Nolan, TARS Quality Assurance Manager | 09/22/2008 |
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| TCEQ Use Only |
| IHW _____ CO _____ |

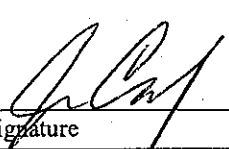
Notification For Hazardous or Industrial Waste Management

Please print or type. Definitions and codes can be found in the Hazardous or Industrial Waste Form Instructions. Changes not related to Waste Streams or Waste Management Units must be accompanied by TCEQ Core Data Form (TCEQ 10400).

| Part I. General Registration Information | | |
|---|--|---|
| Section A. Notification Type and Registration Numbers | | |
| If this is an Initial Notification, leave registration numbers blank. If updating existing Notice of Registration, provide current registration numbers. | | |
| 1. Notification type (check one): <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Update | | |
| 2. Solid Waste Registration Number: _____ | 3. EPA Identification Number: <u>TXD988061008</u> | |
| 4. Customer Reference Number: CN _____ | 5. Regulated Entity Number: RN _____ | |
| Section B. Company Information | | |
| 1. Company Name: <u>USAF</u> | | |
| 2. Site Name: <u>USAF Aerostat Site (TARS)</u> | | |
| 3. Registration Type (check all that apply): <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Receiver <input type="checkbox"/> Transporter <input type="checkbox"/> Recycler | | |
| 4. Contact Information: <u>Jason Callaway</u> <u>ITT TARS Environmental Technician</u> <small>(First Name, Last Name, Title)</small> | | |
| Telephone Number: <u>(915) 877-2577</u> Fax Number: <u>(915) 877-2845</u> Email: <u>jason.callaway@itt.com</u> | | |
| 5. Waste Handler Status (check all that apply): <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Permitted TSD <input type="checkbox"/> Interim TSD <input type="checkbox"/> Recycler | | |
| Section C. Generator Information | | |
| If your facility does not fit the definition of a "Generator" skip to Section D. | | |
| 1. Generator Type (check all that apply): <input type="checkbox"/> Industrial <input type="checkbox"/> Non-industrial <input type="checkbox"/> Railroad Commission | | |
| 2. Hazardous Waste Generation Status (check one): | <input type="checkbox"/> Large Quantity Generator (LQG) | <input checked="" type="checkbox"/> 2,200 pounds (1,000 kilograms) or more of hazardous waste and/or <input checked="" type="checkbox"/> 2.2 pounds (1 kilogram) or more of acutely hazardous waste |
| | <input type="checkbox"/> Small Quantity Generator (SQG) | <input checked="" type="checkbox"/> between 220 and 2,200 pounds (100 and 1,000 kilograms) of hazardous waste and <input checked="" type="checkbox"/> less than 2.2 pounds (1 kilogram) of acutely hazardous waste |
| | <input checked="" type="checkbox"/> Industrial Conditionally Exempt Small Quantity Generator (CESQG) | <input checked="" type="checkbox"/> 220 pounds (100 kilograms) or less of hazardous waste and <input checked="" type="checkbox"/> less than 2.2 pounds (1 kilogram) of acutely hazardous waste and <input checked="" type="checkbox"/> 220 pounds (100 kilograms) or more of industrial Class 1 waste |
| | <input type="checkbox"/> Universal Waste Only | <input checked="" type="checkbox"/> All hazardous waste generated is classified as Universal Waste and no reportable Class 1 waste is generated at the site. |

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| TCEQ Use Only |
| IHW _____ CO |

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| Section D. Receiver Information If your facility does not fit the definition of a "Receiver" skip to Section E |
| 1. Facility Category (check one): <input type="checkbox"/> Commercial <input type="checkbox"/> Captive <input type="checkbox"/> Captured |
| 2. Class of Waste Received for treatment, storage or disposal (check all that apply): <input type="checkbox"/> Hazardous <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 |
| 3. If you receive waste from off-site and recycle it, see TCEQ Form 0524 "Notification Form for Receiving and Recycling Hazardous or Industrial Waste". |
| Section E. Transporter Information If your facility does not fit the definition of a "Transporter" skip to Section F |
| *To Transport hazardous waste you must have an EPA identification number. See EPA RCRA Subtitle C Site Identification Form (EPA Form 8700-12). |
| 1. Carrier Classification (answer "yes" or "no" to each question): a. Do you transport for hire? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Do you transport your own waste? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Is this site a transfer facility? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Types of waste transported (check all that apply): <input type="checkbox"/> Hazardous* <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 |
| Section F. Certification of Company Information |
| I certify that the information submitted herein is complete and accurate to the best of my knowledge |
| <div style="display: flex; justify-content: space-between;"> <div> <u>Jason Callaway</u> Printed Preparer's Name </div> <div> <u>915-877-2527</u> Telephone Number </div> </div> |
| <div style="display: flex; justify-content: space-between;"> <div> <u></u> Preparer's Signature </div> <div> <u>12 FEB 09</u> Date </div> </div> |

Mail all completed registration forms

(i.e., Notification for Hazardous or Industrial Waste Management, TCEQ 00002; TCEQ Core Data Form, TCEQ 10400; EPA RCRA Subtitle C Site Identification Form, EPA Form 8700-12)

Texas Commission on Environmental Quality
Registration, Review, and Reporting Division
Registration and Reporting Section, MC 129
PO Box 13087
Austin, TX 78711-3087

If you have questions on how to fill out this form or about the Industrial and Hazardous Waste Program, please contact us at 512/239-6413. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.



HZ/RC/GT

10/24/08
AP


IHW

US Air Force

Aerostat Site

CO

OMB#: 2050-0028 Expires 06/30/2009

| | | | |
|---|---|------------------------|---|
| SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office. | United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM | |  |
| 1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY | Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report | | |
| 2. Site EPA ID Number (page 14) | EPA ID Number T X D 9 8 8 0 6 1 0 0 8 | | |
| 3. Site Name (page 14) | Name: US Air Force Aerostat Site (TARS) | | |
| 4. Site Location Information (page 14) | Street Address: 21 Miles West of Marfa, US Highway 90 | | |
| | City, Town, or Village: Marfa | State: TX | |
| | County Name: Presidio | Zip Code: 79843 | |
| 5. Site Land Type (page 14) | Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other | | |
| 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) | A. 5 1 7 9 1 0 | B. _____ | |
| | C. _____ | D. _____ | |
| 7. Site Mailing Address (page 15) | Street or P. O. Box: P.O. Box 845 | | |
| | City, Town, or Village: Marfa | | |
| | State: TX | | |
| | Country: United States | Zip Code: 79843 | |
| 8. Site Contact Person (page 15) | First Name: Melino | MI: | Last Name: Navariz |
| | Phone Number: (432) 358-4474 Extension: | | Email address: melino.navariz@itt.com |
| 9. Operator and Legal Owner of the Site (pages 15 and 16) | A. Name of Site's Operator: ITT | | Date Became Operator (mm/dd/yyyy): 10/01/2008 |
| | Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |
| | B. Name of Site's Legal Owner: United States Air Force | | Date Became Owner (mm/dd/yyyy): 12/01/1994 |
| | Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |

| | | |
|---|---|-----------------------------|
| 9. Legal Owner (Continued) Address | Street or P. O. Box: 11817 Canon Blvd, Suite 306 City, Town, or Village: Newport News State: VA Country: United States | Zip Code: 23606-1988 |
|---|---|-----------------------------|

10. Type of Regulated Waste Activity
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities
 Complete all parts for 1 through 6.

☒ ☐ **1. Generator of Hazardous Waste**
 If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

☐ ☒ d. United States Importer of Hazardous Waste

☐ ☒ e. Mixed Waste (hazardous and radioactive) Generator

☐ ☒ **2. Transporter of Hazardous Waste**

☐ ☒ **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

☐ ☒ **4. Recycler of Hazardous Waste (at your site)**

☐ ☒ **5. Exempt Boiler and/or Industrial Furnace**
 If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner Exemption

☒ b. Smelting, Melting, and Refining

☐ ☒ **6. Underground Injection Control**

B. Universal Waste Activities

☐ ☒ **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste mark all boxes that apply:**

| | Manage |
|---------------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> |
| c. Mercury containing equipment | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> |
| e. Other (specify) _____ | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> |

☐ ☒ **2. Destination Facility for Universal Waste**
 Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
 Mark all boxes that apply.

☐ ☒ **1. Used Oil Transporter**
 If "Yes", mark each that applies.

☐ a. Transporter

☐ b. Transfer Facility

☐ ☒ **2. Used Oil Processor and/or Re-refiner**
 If "Yes", mark each that applies.

☐ a. Processor

☐ b. Re-refiner

☐ ☒ **3. Off-Specification Used Oil Burner**

☐ ☒ **4. Used Oil Fuel Marketer**
 If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

| | | | | | | |
|------|------|------|------|------|------|------|
| D007 | D008 | F002 | F003 | F005 | U080 | U159 |
| U161 | U220 | U239 | | | | |
| | | | | | | |

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

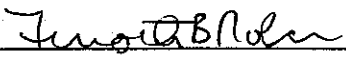
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12. Comments (See instructions on page 21.)

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13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

| Signature of operator, owner, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|--|--------------------------|
|  | Timothy B. Nolan, TARS Quality Assurance Manager | 09/22/2008 |
| | | |
| | | |
| | | |

| | | | |
|---|---|---|--|
| SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office. | United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM | | 9/1/06 |
| 1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY | Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report | | |
| 2. Site EPA ID Number (page 14) | EPA ID Number <u>T X D 1 9 8 8 0 6 1 0 0 8</u> | | |
| 3. Site Name (page 14) | Name: <u>US AIR FORCE AEROSTAT SITE (TARS)</u> | | |
| 4. Site Location Information (page 14) | Street Address: <u>21 MILES WEST OF MARFA, US HIGHWAY 90</u> | | City, Town, or Village: <u>MARFA</u> |
| | State: <u>TX</u> | | County Name: <u>PRESIDIO (06)</u> |
| | Zip Code: <u>79843</u> | | |
| 5. Site Land Type (page 14) | Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other | | |
| 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) | A. <u>51179110</u> | B. EPA ID Number for hazardous waste: _____ | |
| | C. _____ | D. _____ | |
| 7. Site Mailing Address (page 15) | Street or P. O. Box: <u>PO BOX 845</u> | | |
| | City, Town, or Village: <u>MARFA</u> | | |
| | State: <u>TX</u> | | |
| | Country: <u>UNITED STATES</u> | | Zip Code: <u>79843</u> |
| 8. Site Contact Person (page 15) | First Name: <u>JACK</u> | MI: _____ | Last Name: <u>JOHNSON</u> |
| | Phone Number: <u>432-358-4484</u> Extension: _____ | | Email address: <u>jack.johnson@lmco.com</u> |
| 9. Operator and Legal Owner of the Site (pages 15 and 16) | A. Name of Site's Operator: <u>LOCKHEED MARTIN</u> | | Date Became Operator (mm/dd/yyyy): <u>10/21/1996</u> |
| | Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |
| | B. Name of Site's Legal Owner: <u>US AIR FORCE</u> | | Date Became Owner (mm/dd/yyyy): <u>12/01/1994</u> |
| | Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |

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 8/25/06

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|--|--|----------------------|
| 9. Legal Owner (Continued) Address | Street or P. O. Box: 11817 CANON BLVD, SUITE 306 | |
| | City, Town, or Village: NEWPORT NEWS | |
| | State: VA | |
| | Country: UNITED STATES | Zip Code: 23606-1988 |

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☐ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☐ d. United States Importer of Hazardous WasteY ☐ N ☐ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☐ 2. Transporter of Hazardous WasteY ☐ N ☐ 3. Treater, Storer, or Disposer of

Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.

Y ☐ N ☐ 4. Recycler of Hazardous Waste (at your site)Y ☐ N ☐ 5. Exempt Boiler and/or Industrial Furnace

If "Yes", mark each that applies.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☐ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☐ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

| | Generate | Accumulate |
|--|----------|------------|
|--|----------|------------|

- | | | |
|--------------------------|--------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Thermostats | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Y ☐ N ☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☐ 1. Used Oil Transporter

If "Yes", mark each that applies.

- ☐ a. Transporter
- ☐ b. Transfer Facility

Y ☐ N ☐ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☐ 3. Off-Specification Used Oil BurnerY ☐ N ☐ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.


- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

| | | | | | | |
|------|------|------|------|------|------|------|
| D007 | D008 | F002 | F003 | F005 | U080 | U159 |
| U161 | U220 | U239 | | | | |
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| | | |
|---|---|--------------------------|
| Signature of operator, owner, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|  | JANEENE SEVILLA, TARS ESH COORDINATOR | 05/18/2006 |
| | | |
| | | |

USAF AEROSTAT SITE (TARS)
PO BOX 845
MARFA, TX 79843
ATTN: JACK JOHNSON



**ACKNOWLEDGMENT OF RCRA SUBTITLE C
SITE IDENTIFICATION FORM**

This is to acknowledge that you have filed a RCRA Subtitle C Site Identification Form for the facility located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that facility appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and on other hazardous waste management reports and documents required under Subtitle C of RCRA. A Subsequent RCRA Subtitle C Site Identification Form is required should any information on the original document change.

EPA I.D. Number: **TXD988061008**

Facility Name and Address: **USAF AEROSTAT SITE (TARS)
21 M W ON US HWY 90
MARFA, TX 79843**

September 6, 2006



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

67

June 12, 2003

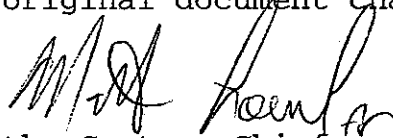
USAF AEROSTAT SITE
PO BOX 845
MARFA, TX 79843
ATTN: JACK JOHNSON

This is to acknowledge that, in compliance with Section 3010 of the Resource Conservation and Recovery Act (RCRA), you have filed a Notification of Regulated Waste Activity for:

USAF AEROSTAT SITE
21 M W ON US HWY 90
MARFA, TX 79843

Your EPA Identification Number for this installation is:
TXD988061008

The EPA Identification Number must be included in all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous wastes, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste reports and documents required under Subtitle C of RCRA. A Subsequent Notification of Regulated Waste Activity is required should any information on the original document change.


Cathy Carter, Chief
RCRA Information Management Section

Robert J. Huston, *Chairman*
R. B. "Ralph" Marquez, *Commissioner*
Kathleen Hartnett White, *Commissioner*
Margaret Hoffman, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

March 21, 2003

Mr. Jack Johnson
United States Air Force Aerostat Site
P.O. Box 845
Marfa, TX 79843

Re: Notification of Regulated Waste Activity Form (8700-12)

Dear Mr. Johnson:

We are returning the "Notification of Hazardous Waste Activity" (EPA form 8700-12) submitted by you. To process your request for a facility identification number, EPA requires additional information as indicated below:

 X **Sign** (must be an original signature. No copies) and **date** the form. (Item X)

Please return the completed form for immediate processing to:

Registration and Reporting Section/ MC129
Registration, Review and Reporting Division
Texas Commission on Environmental Quality
P.O. Box 13087
Austin, Texas 78711-3087

If you have questions regarding registration and reporting, please contact Bettie Bell at 512/239-4743. Please note that our phones are answered by staff during normal business hours and by an automated answering system weekends and holidays.

Sincerely,

Bettie Bell

Industrial and Hazardous Waste Registration Team
Registration and Reporting Section
Registration, Review and Reporting Division

BB:br

Enclosure

| | | | |
|--|---|------------------------|--|
| MAIL THE COMPLETED FORM TO: The Appropriate State or EPA Regional Office. | United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM <i>Received</i> | | RECEIVE MAY 28 2003 |
| 1. Reason for Submittal (See instructions on page 23) MARK CORRECT BOX(ES) | Reason for Submittal: MAY 01 2003 6PD-1 <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input type="checkbox"/> As a component of the Hazardous Waste Report. | | |
| 2. Site EPA ID Number (See instructions on page 24) | EPA ID Number: <u>TX 0 988 061 008</u> | | |
| 3. Site Name (See instructions on page 24) | Name: <u>United States Air Force Herostat Site</u> | | |
| 4. Site Location Information (See instructions on page 24) | Street Address: <u>21 miles W. of Marfa US Highway 90</u> | | |
| | City, Town, or Village: <u>Marfa</u> | State: <u>Texas</u> | |
| | County Name: | Zip Code: <u>79843</u> | |
| 5. Site Land Type (See instructions on page 24) | Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |
| 6. North American Industry Classification System (NAICS) Code(s) for the Site (See instructions on page 24) | A. | B. | |
| | C. | D. | |
| 7. Site Mailing Address (See instructions on page 25) | Street or P. O. Box: <u>PO Box 845</u> | | |
| | City, Town, or Village: <u>Marfa</u> | | |
| | State: <u>Texas</u> | | |
| | Country: | Zip Code: <u>79843</u> | |
| 8. Site Contact Person (See instructions on page 25) | First Name: <u>Jack</u> | MI: | Last Name: <u>Johnson</u> |
| | Phone Number: <u>(915) 358-4474</u> | | Phone Number Extension: |
| 9. Legal Owner and Operator of the Site (See instructions on pages 25 to 26) | A. Name of Site's Legal Owner: <u>United States Air Force</u> | | Date Became Owner (mm/dd/yyyy): <u>12/01/1994</u> |
| | Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |
| | B. Name of Site's Operator: <u>Lockheed Martin Systems Management</u> | | Date Became Operator (mm/dd/yyyy): <u>10/21/2001</u> |
| | Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |

EPA ID No. TX0988001008

10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste

(Choose only one of the following three categories.)

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):

| | Generate | Accumulate |
|---|--------------------------|-------------------------------------|
| a. Batteries | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Thermostats | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Other (specify) <u>paint materials</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Mark all boxes that apply.)

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 31)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

| | | | | | | |
|------|------|------|------|------|------|------|
| D007 | D008 | F002 | F003 | U080 | U111 | U220 |
| U239 | | | | | | |
| | | | | | | |
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EPA ID No. TXD988061008

~~MAY 01 2003~~

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional column if such spaces are needed for waste codes.

Registration and Reporting Section

[illegible]

12. Comments (See instructions on page 31)

[illegible]

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13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 31)

| Signature of owner, operator, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|---|--------------------------|
| <i>Lauren Veitz</i> | Lauren Veitz ES&H Coordinator | 1/29/23 |
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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2739

June 24, 2002

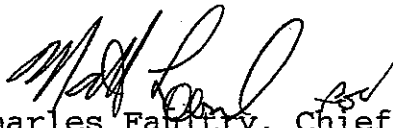
USAF AEROSTAT SITE
PO BOX 845
MARFA, TX 79843
ATTN: JACK JOHNSON, SITE MANAGER


This is to acknowledge that, in compliance with Section 3010 of the Resource Conservation and Recovery Act (RCRA), you have filed a Notification of Regulated Waste Activity for:

USAF AEROSTAT SITE
21 M W ON US HWY 90
MARFA, TX 79843

Your EPA Identification Number for this installation is:
TXD988061008

The EPA Identification Number must be included in all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous wastes, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste reports and documents required under Subtitle C of RCRA. A Subsequent Notification of Regulated Waste Activity is required should any information on the original document change.


Charles Fautry, Chief
RCRA Information Management Section

| Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12, before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act). | | Notification of Regulated Waste Activity  United States Environmental Protection Agency | | RECEIVE Date Received (For Official Use Only) JUN - 5 2002 6PD-I | |
|--|--|--|-------------------------------------|--|--|
| I. Installation's EPA ID Number (Mark 'X' in the appropriate box) | | | | | |
| <input type="checkbox"/> A. Initial Notification | | <input checked="" type="checkbox"/> B. Subsequent Notification (Complete Item C) | | C. Installation's EPA ID Number TXD988061008 | |
| II. Name of Installation (Include company and specific site name) | | | | | |
| USAF Aerostat Site | | | | | |
| III. Location of Installation (Physical address not P.O. Box or Route Number) | | | | | |
| Street | | | | | |
| 21 Miles West of Marfa u.s. | | | | | |
| Street (Continued) | | | | | |
| Highway 90 | | | | | |
| City or Town | | | State | Zip Code | |
| Marfa | | | TX | 79843- | |
| County Code | | County Name | | | |
| 377 | | Presidio | | | |
| IV. Installation Mailing Address (See Instructions) | | | | | |
| Street or P.O. Box | | | | | |
| P O Box 845 | | | | | |
| City or Town | | | State | Zip Code | |
| Marfa | | | TX | 79843- | |
| V. Installation Contact (Person to be contacted regarding waste activities at site) | | | | | |
| Name (Last) | | | Name (First) | | |
| Johnson | | | Jack | | |
| Job Title | | | Phone Number (Area Code and Number) | | |
| Site Manager | | | 915-308-4474 | | |
| VI. Installation Contact Address (See Instructions) | | | | | |
| A. Contact Address Location | | B. Street or P.O. Box | | | |
| <input type="checkbox"/> Location <input checked="" type="checkbox"/> Mailing | | P O Box 845 | | | |
| City or Town | | | State | Zip Code | |
| Marfa | | | TX | 79843- | |
| VII. Ownership (See Instructions) | | | | | |
| A. Name of Installation's Legal Owner | | | | | |
| United States Air Force | | | | | |
| Street, P.O. Box, or Route Number | | | | | |
| P O Box 845 | | | | | |
| City or Town | | | State | Zip Code | |
| Marfa | | | TX | 79843- | |
| Phone Number (Area Code and Number) | | B. Land Type | C. Owner Type | D. Change of Owner Indicator | |
| 915-358-4474 | | P | F | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | | | Received Date MAY 16 2002 Registration and Reporting Section | |

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

| | | | | | |
|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 F002 | 2 F003 | 3 U080 | 4 U101 | 5 A220 | 6 U239 |
| 7 | 8 | 9 | 10 | 11 | 12 |

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

| | | | | | | | |
|---------------------|---------------------|--------------------|----------------------------|-----------|-----------|---|---|
| 1. Ignitable (D001) | 2. Corrosive (D002) | 3. Reactive (D003) | 4. Toxicity Characteristic | 1 D007 | 2 D008 | 3 | 4 |
| X | X | X | X | | | | |

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Lauren Veitz

Name and Official Title (Type or print)

Lauren Veitz ES+H Coordinator

Date Signed

4/30/02

Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

Received
MAY 16 2002
Registration and Reporting Section